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Board of Dentistry

CERTIFIED TRUE COPY

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(973) 648-2975

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

In the Matter of)	
)	Administrative Action
ANTHONY SOLLAZZO, D.D.S.)	
License No. DI7284)	CONSENT ORDER
)	
Licensed to Practice Dentistry)	
in the State of New Jersey)	
_____)	

This matter was opened to the New Jersey Board of Dentistry (hereinafter "Board") upon receipt of a patient complaint from S.N., on behalf of her son, J.N., concerning dental treatment performed by Anthony Sollazzo, D.D.S. (hereinafter "respondent") and unsanitary conditions observed by S.N. Specifically, S.N. alleged that respondent did not wear gloves or have properly sterilized equipment when working on J.N. On July 23, 1997, respondent appeared with counsel, Stephen Schechner, Esq., at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including an Enforcement Bureau Inspection Report, and having heard the testimony of respondent at the investigative inquiry, it appears to the Board that respondent failed to conform to standard dental practice in the State of New Jersey. Respondent's office practices and equipment were

deficient in a number of respects, including, but not limited to: respondent did not wear gloves unless requested to do so by a patient or unless he observed open cuts on his hands; the refrigerator contained food along with dental supplies; three cartons of expired medications (lidocaine and mepivacaine) were present in respondent's dental office; no emergency kit was present in the office; and, prior to the Enforcement Bureau inspection on January 29, 1997, the autoclave had never been tested by an independent agency. These deficiencies form the basis for disciplinary action pursuant to N.J.S.A. 45:1-21e.

It now appearing to the Board that respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown:

IT IS, THEREFORE, ON THIS / DAY OF *November*, ~~1999~~, *2000*,
HEREBY ORDERED AND AGREED THAT:

1. Respondent shall pay a civil penalty in the amount of \$2,500.00 for maintaining expired medications in his dental office. Payment shall be made by certified check or money order, payable to the State of New Jersey and forwarded to Agnes Clarke, Executive Director, Board of Dentistry, P.O. Box 45005, Sixth Floor, 124 Halsey Street, Newark, New Jersey 07101 contemporaneously with the signing of this Consent Order.

2. Respondent shall fully attend and successfully complete fourteen (14) hours of continuing education in infection control. These courses shall be completed within ninety (90) days of the entry of this Consent Order. Further, these courses, which are in addition to the regularly required continuing education hours, shall be

approved by the Board in writing prior to attendance, utilizing the attached Pre-Approval sheet. Respondent shall also be required to complete the attached continuing education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of this Consent Order, and a separate form is to be used for each course.

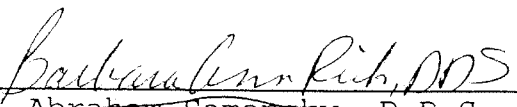
3. Within thirty days of the completion of the continuing education courses, respondent shall submit a written report to the Board detailing the infection control procedures that have been implemented in his dental office.

4. Respondent's office will be subject to random, unannounced inspections. Respondent shall pay the costs of any such inspection.

5. Respondent shall pay costs of the investigation in this matter in the amount of \$434.59. Payment for costs shall be made by certified check or money order payable to the State of New Jersey and submitted to ~~Agnes M. Clarke~~ ^{KEVIN B. GARLE}, Executive Director of the Board, at the address above, contemporaneously with the signing of this Consent Order.

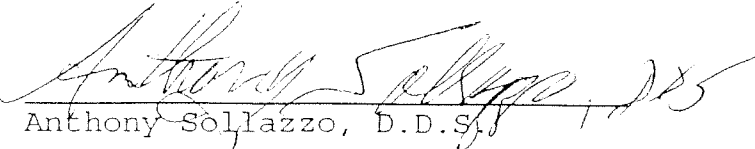
New Jersey Board of Dentistry

By:


Abraham Samansky, D.D.S.
President

Barbara Ann Rich, DDS.

I have read and understand the terms of this Consent Order and agree to be bound by the terms. I consent to the entry of this Order.


Anthony Sollazzo, D.D.S.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMA N. BYRNE
DIRECTOR

LOCATION

124 HALSEY STREET, 6TH FLOOR
NEWARK, NJ 07102
(201) 648-7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes _____ No _____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY
CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

LOCATION

124 HALSEY STREET, 6TH FLOOR
NEWARK, NJ 07102
(201) 648-7087

EMMA N. BYRNE
DIRECTOR

MAILING ADDRESS

P O BOX 45005
NEWARK, NJ 07101

***** ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE
BOARD. *****

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

_____ COURSE PRE-APPROVED BY BOARD DATE _____

_____ COURSE NOT ACCEPTED BY BOARD DATE _____

DATE

AGNES M. CLARKE
EXECUTIVE DIRECTOR